

**Home Visiting Task Force  
Sustainability Workgroup Meeting  
November 19<sup>th</sup>, 2014**

**MINUTES**

**Attendees:** Shauna Ejeh, Anna Potere, Teresa Kelly (co-chair), Liz Heneks (co-chair), Joanna Su, Dan Harris, Nancy Shier, Jay Young, Ralph Schubert, Nancie Brown, Penny Smith, Gail Nourse, Chelsea Pearsall

**September 17<sup>th</sup> meeting minutes:** minutes were approved with no changes.

**Data, Research and Evaluation Committee Research Agenda**

- By January 1, DRE Committee will propose a work plan for the next year, including how to share results.
- Overall feedback:
  - Add health indicators and family indicators.
  - Ensure that the data that Advance Illinois requests is reflected in the document.
  - Prioritize more specific questions and impact/outcome measures first.
- The Birth to Three Committee developed recommendations on coordinated monitoring, some of which are relevant for the research agenda:
  - Under “Program Access”, break down by category, e.g. what percentage are homeless, in the child welfare system, etc. and add number of children on waiting list.
  - Under “Program Impact”, health outcomes tracked for home visiting are not reflected, e.g. families having a medical home, well-child visits, immunizations, breastfeeding, developmental screenings and referrals, etc. Some of these reflected under the 7<sup>th</sup> category but should be moved under Program Impact.
  - Under “Program Characteristics”, for school district funded programs, what are the risk indicators each school district uses to determine at-risk status?

**Medicaid Financing Update**

- Medicaid Certification for Home Visitors
  - The Medicaid Certification proposal was submitted to HFS Director Hamos by the Home Visiting Task Force co-chairs.
  - The next step is to request a meeting with Director Hamos before January, or the new director beginning in January. The goal of this meeting will be to identify who we can work with within HFS to further develop the State Plan Amendment, and to be clear that the certification for home visitors is only one aspect of the Amendment.
  - The Prevention Initiative statute says that home visitors must adhere to the program model criteria regarding the workforce and credentials.
- State Plan Amendment Content Recommendations
  - Target group
    - The decision was made to adopt the current recommendation.
    - The HVTF Executive Committee should discuss its position on serving 3 and 4 year olds through home visiting programs.
  - Intensity of services
    - The group discussed changing “at least” to “up to”, but we need to talk to HFS policy staff about what this would mean.
  - Services provided
    - The group is not necessarily recommending adopting the definition of family case management.
    - It may be an issue for HFS for families to be dually enrolled simultaneously in family case management and home visiting, but it would not pose an issue if the client is referred to

home visiting from family case management and then the family case management case is closed.

- Provider agency qualification: agency must meet administrative rule codes for Medicaid as determined by the state funding agency.
- Next steps:
  - Anna will circulate the Medicaid Certification memo submitted to Director Hamos.
  - Anna will schedule a follow up call to continue the discussion on the content of the State Plan Amendment, and will revise the document before the call.
  - Nancy will ask Charlie Bruner whether there are federal Medicaid codes for home visiting.

### **Cost-Benefit Analysis**

- The WSIPP cost-benefit analysis uses Washington state specific data.
- ISBE is examining what it really takes in terms of costs for home visiting programs in Illinois to serve families with multiple risk factors. ISBE is very interested in this conversation so they can provide more guidance to programs and entities who are requesting funding for programs.
- MIECHV is allowing home visiting programs to be much more flexible in determining what it takes to serve these families, including how costs are allocated (e.g., administrative support).
- Were there any metrics included in the calculation of cost per family to reflect the fact that EHS programs meet more often with families for a longer period of time (must be at least 90 minutes, HF is 60-90)
- Is there best practice research documenting that it makes a difference to do a 90-minute home visit versus 60-90 minutes?
- With risk factors increasing, MIECHV is encouraging programs to lower caseloads so home visitors can see families weekly for the first 8 weeks of the program. According to HRSA, this is starting to become a national trend.
- Contractually, at the agency level PAT caseloads may be around 20 but if families need more they provide more.
- Next Steps:
  - Chelsea will send the state-level cost-benefit analysis developed by NFP.
  - Anna, Jay, and Nancy will meet to discuss the background and methodology for a cost-benefit analysis of home visiting in Illinois.
  - The workgroup should consider making recommendations to the state funders of home visiting on what it really costs from the perspective of best practice and the home visiting model for programs to serve families.
  - Joanna will send Anna a handout on lowered MIECHV caseloads.

**Wrap Up and Next Steps:** the next meeting is January 14<sup>th</sup>, 2015.